

<i>SERFF Tracking Number:</i>	<i>GRTT-127906558</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50512</i>
<i>Company Tracking Number:</i>	<i>G1132-AR</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.001 Critical Illness</i>
<i>Product Name:</i>	<i>Specified Critical Illness Policy</i>		
<i>Project Name/Number:</i>	<i>/G1132</i>		

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: Specified Critical Illness Policy SERFF Tr Num: GRTT-127906558 State: Arkansas

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 50512

- Limited Benefit Closed

Sub-TOI: H07I.001 Critical Illness

Co Tr Num: G1132-AR

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Author: Joan Jannotta

Disposition Date: 12/20/2011

Date Submitted: 12/19/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: G1132

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing concurrently

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 12/20/2011

State Status Changed: 12/20/2011

Deemer Date:

Created By: Joan Jannotta

Submitted By: Joan Jannotta

Corresponding Filing Tracking Number:

Filing Description:

Specified Critical Illness Policy G1132-AR

Coronary Artery Bypass Surgery, Heart Attack or Stroke Benefit Rider RG11HAS

Cancer Benefit Rider RG11CAN

Nursing Home and Assisted Living Facility Benefit Rider RG11NH

Outline of Coverage OCG1132-AR

Application APPH3-11

Actuarial Memorandum and Rates

We are submitting the above referenced forms, actuarial memorandum and rates for the Department's review and

SERFF Tracking Number: GRTT-127906558 State: Arkansas
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Limited Benefit
Product Name: Specified Critical Illness Policy
Project Name/Number: /G1132

approval.

The forms are new and not intended to replace any forms currently on file at the Department. The forms will be marketed to individuals by contracted agents and brokers.

These forms are designed to provide specific benefits only for losses from a specified critical illness.

Three plans will be offered.

Plan A is the most comprehensive. It provides benefits for Alzheimer's disease, kidney failure, paralysis, coma, major organ transplant as well Coronary Artery Bypass Surgery, Heart Attack and Stroke and Cancer benefits provided by riders RG11HAS and RG11CAN, respectively. Nursing Home and Assisted Living Facility benefits when confinement is due to the Plan A Covered Conditions are provided by rider RG11NH.

Applicants choose a monthly base amount from \$250 to \$3,000 for benefit periods of 6 months, 12 months, 18 months or 24 months. Children are limited to a monthly benefit of \$500.

Plan B is the same as Plan A, except that that it will not include the Coronary Artery Bypass Surgery, Heart Attack and Stroke benefits provided by rider RG11HAS.

Plan C is the same as Plan A except that it does not include the Cancer benefits provided by rider RG11CAN.

In the solicitation of this product we will use application APPH3-11. We have included it in this filing for approval. We would appreciate general approval of this application so that it may be used with similar products approved by your state. Any bracketed information in the application is variable. It is not our intention to make any changes that would cause this application to be out of compliance with any statutory requirements.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. In addition, the application may be reproduced electronically which could result in formatting changes. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

We intend to offer previously approved Return of Premium rider RG07ROP(D) with this filing. The rider was approved by your Department on July 7, 2008 under serff filing number GRTT-125663666.

Thank you for your time and attention to this filing. If you have any questions, please contact me toll free at 800-338-7452, ext. 5730 or e-mail me at jjannotta@gtlic.com.

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 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Specified Critical Illness Policy
 Project Name/Number: /G1132

Company and Contact

Filing Contact Information

Joan Jannotta, jjannotta@gtlic.com
 1275 Milwaukee Ave. 847-904-5730 [Phone]
 Glenview, IL 60025 847-699-0093 [FAX]

Filing Company Information

Guarantee Trust Life Insurance Company CoCode: 64211 State of Domicile: Illinois
 1275 Milwaukee Avenue Group Code: 687 Company Type: Mutual
 1275 Milwaukee Avenue Group Name: State ID Number:
 Glenview, IL 60025 FEIN Number: 36-1174500
 (847) 460-4772 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? Yes
 Fee Explanation: 4 forms x \$50 = \$200. Our state of domicile IL does not charge a fee for outlines or rates.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$200.00	12/19/2011	54638499
Guarantee Trust Life Insurance Company	\$150.00	12/19/2011	54657467

SERFF Tracking Number: GRTT-127906558 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50512

Company Tracking Number: G1132-AR

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Specified Critical Illness Policy

Project Name/Number: /G1132

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/20/2011	12/20/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	12/19/2011	12/19/2011	Joan Jannotta	12/19/2011	12/19/2011

SERFF Tracking Number:	GRTT-127906558	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	50512
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TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Specified Critical Illness Policy		
Project Name/Number:	/G1132		

Disposition

Disposition Date: 12/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Guarantee Trust Life Insurance Company	%	%	\$		\$	%	%

SERFF Tracking Number: GRTT-127906558 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50512

Company Tracking Number: G1132-AR

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Specified Critical Illness Policy

Project Name/Number: /G1132

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	actuarial memorandum for rates for previously approved rider RG07ROP(D)	Approved-Closed	Yes
Supporting Document	Previously approved rider for your information	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Specified Critical Illness Policy	Approved-Closed	Yes
Form	Heart Attack & Stroke Rider	Approved-Closed	Yes
Form	Cancer Rider	Approved-Closed	Yes
Form	Nursing Home Rider	Approved-Closed	Yes
Form	Outline	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

SERFF Tracking Number: GRTT-127906558 State: Arkansas
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TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Specified Critical Illness Policy
Project Name/Number: /G1132

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/19/2011
Submitted Date 12/19/2011
Respond By Date
Dear Joan Jannotta,

This will acknowledge receipt of the captioned filing.

Objection 1

- Specified Critical Illness Policy , G1132-AR (Form)
- Heart Attack & Stroke Rider, RG11HAS (Form)
- Cancer Rider , RG11CAN (Form)
- Nursing Home Rider , RG11NH (Form)
- Outline, OCG1132-AR (Form)
- Application, APPH3-11 (Form)
- Rates , [G1132, RG11HAS, RG11CAN, RG11NH] (Rate)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form and \$50.00 per rate for a total of \$350.00. Please submit an additional \$150.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

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Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50512
Company Tracking Number: G1132-AR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: Specified Critical Illness Policy
Project Name/Number: /G1132

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/19/2011
Submitted Date 12/19/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: We are sending the additional \$150. Thank you

Related Objection 1

Applies To:

- Specified Critical Illness Policy , G1132-AR (Form)
- Heart Attack & Stroke Rider, RG11HAS (Form)
- Cancer Rider , RG11CAN (Form)
- Nursing Home Rider , RG11NH (Form)
- Outline, OCG1132-AR (Form)
- Application, APPH3-11 (Form)
- Rates , [G1132, RG11HAS, RG11CAN, RG11NH] (Rate)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form and \$50.00 per rate for a total of \$350.00. Please submit an additional \$150.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: *GRTT-127906558* *State:* *Arkansas*
Filing Company: *Guarantee Trust Life Insurance Company* *State Tracking Number:* *50512*
Company Tracking Number: *G1132-AR*
TOI: *H071 Individual Health - Specified Disease -* *Sub-TOI:* *H071.001 Critical Illness*
 Limited Benefit
Product Name: *Specified Critical Illness Policy*
Project Name/Number: */G1132*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Joan Jannotta

SERFF Tracking Number: GRTT-127906558 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50512

Company Tracking Number: G1132-AR

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Specified Critical Illness Policy

Project Name/Number: /G1132

Form Schedule

Lead Form Number: G1132-AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Status						
Approved-Closed 12/20/2011	G1132-AR	Policy/Cont Specified Critical ract/Fratern Illness Policy al Certificate	Initial		50.060	G1132- AR.pdf
Approved-Closed 12/20/2011	RG11HAS	Policy/Cont Heart Attack & ract/Fratern Stroke Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.090	RG11HAS.pdf
Approved-Closed 12/20/2011	RG11CAN	Policy/Cont Cancer Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.350	RG11CAN.pd f
Approved-Closed 12/20/2011	RG11NH	Policy/Cont Nursing Home Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme	Initial		43.020	RG11NH 11- 7-11.pdf

SERFF Tracking Number: GRTT-127906558 *State:* Arkansas
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 Limited Benefit
Product Name: Specified Critical Illness Policy
Project Name/Number: /G1132

Approved- OCG1132- Outline of Outline	Initial	43.600	OCG1132-
Closed AR Coverage			AR.pdf
12/20/2011			
Approved- APPH3-11 Application/ Application	Initial	46.590	APPH3-
Closed Enrollment			11.pdf
12/20/2011 Form			

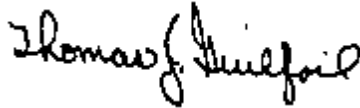
**GUARANTEE TRUST LIFE
INSURANCE COMPANY**

A Mutual Company
1275 Milwaukee Avenue,
Glenview, Illinois 60025
(847) 699-0600

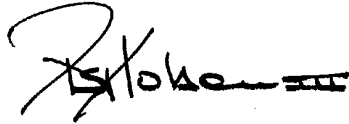
**SPECIFIED CRITICAL
ILLNESS POLICY**

**THIS IS A LEGAL
CONTRACT BETWEEN
YOU AND US. READ YOUR
POLICY CAREFULLY.**

Signed for Guarantee Trust Life
Insurance Company, at its Home
Office, by:



Secretary



President

WE PROMISE to insure all Covered Persons for the benefits described in this Policy, subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first Premium. The application is attached to and made a part of this Policy.

Licensed Resident
Agent

GUARANTEED RENEWABLE

FOR LIFE: You may keep this Policy in force during Your entire lifetime by paying Premiums when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

**YOUR RIGHT TO EXAMINE
THIS POLICY FOR 10 DAYS:**

It is important to Us that You are satisfied with this Policy. If You are not satisfied with this Policy, You may return it to Us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and return any premiums You have paid.

**PREMIUMS SUBJECT TO
CHANGE:**

We may change Your premium rates for this Policy. We will give You at least thirty-one (31) days prior written notice of any change in the renewal premium. We can change the premium this way only if We change it on a class basis for all policies issued on this form in Your state.

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If any past medical history has been left out, this Policy may not cover Your claim. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

If You have any problems, complaints or questions concerning this Policy, please write Us at the above address or call us at 800 338-7452. If We are unable to satisfy You, You may write the Arkansas Consumer Services Division, Department of Insurance, 1200 W. Third Street, Little Rock, AR 72201-1904 or call 800 282-9124.

THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the Company.

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GUARANTEE TRUST LIFE INSURANCE COMPANY
Glenview, Illinois 60025

POLICY SCHEDULE

POLICY NUMBER: [GTA00123] TYPE: [FAMILY]
EFFECTIVE DATE: [JUNE 1, 2011] MODE SELECTED: [ANNUAL]
STATE OF ISSUE: [ILLINOIS] POLICY WAITING PERIOD: 30 DAYS
PRIMARY INSURED: [JOHN DOE] AGE AT ISSUE: [40]

BENEFITS AND PREMIUM
PRIMARY INSURED

	MONTHLY BENEFIT AMOUNT	ANNUAL PREMIUM
BENEFIT PLAN: [PLAN A]	[\$[]]	[\$[]]
MAXIMUM BENEFIT PERIOD:	[6, 12, 18, 24 MONTHS]	
NURSING HOME BENEFIT:	[\$[]]	
ASSISTED LIVING FACILITY BENEFIT:	[\$[]]	
LIMITED BENEFIT PERIOD FOR:		
COMA	- 3 MONTHS	
[CANCER IN SITU	- 3 MONTHS]	
[CORONARY ARTERY BYPASS	- 2 MONTHS]	
[HEART ATTACK	- 3 MONTHS]	
LIFETIME MAXIMUM BENEFIT AMOUNT: \$[]		
OPTIONAL RIDERS:		
[RETURN OF PREMIUM UPON DEATH BENEFIT RIDER PRIMARY INSURED ONLY]		[\$[]]
ANNUAL POLICY FEE:		[\$[]]

TOTAL ANNUAL PREMIUM * \$[]

*TOTAL ANNUAL PREMIUM INCLUDES ANNUAL PREMIUM FOR SPOUSE AND DEPENDENT COVERAGE, IF INCLUDED AND SHOWN ON POLCY SCHEDULE.

POLICY SCHEDULE (CONTINUED)

[BENEFITS AND PREMIUM

	MONTHLY BENEFIT AMOUNT	ANNUAL PREMIUM
INSURED SPOUSE: MARY DOE		
BENEFIT PLAN: [PLAN A]	[\$ []]	[\$ []]
MAXIMUM BENEFIT PERIOD:	[6, 12, 18, 24 MONTHS]	
NURSING HOME BENEFIT:	[\$ []]	
ASSISTED LIVING FACILITY BENEFIT:	[\$ []]	
LIMITED BENEFIT PERIOD FOR:		
COMA	- 3 MONTHS	
[CANCER IN SITU	- 3 MONTHS]	
[CORONARY ARTERY BYPASS	- 2 MONTHS]	
[HEART ATTACK	- 3 MONTHS]	
LIFETIME MAXIMUM BENEFIT AMOUNT: \$[[]]		

	MONTHLY BENEFIT AMOUNT	ANNUAL PREMIUM
INSURED DEPENDENTS		
BENEFIT PLAN: [PLAN A]	[\$ []]	[\$ []]
MAXIMUM BENEFIT PERIOD:	[6, 12, 18, 24 MONTHS]	
NURSING HOME BENEFIT:	[\$ []]	
ASSISTED LIVING FACILITY BENEFIT:	[\$ []]	
LIMITED BENEFIT PERIOD FOR:		
COMA	- 3 MONTHS	
[CANCER IN SITU	- 3 MONTHS]	
[CORONARY ARTERY BYPASS	- 2 MONTHS]	
[HEART ATTACK	- 3 MONTHS]	
LIFETIME MAXIMUM BENEFIT AMOUNT: \$[[]]		

BENEFIT PLAN TYPE:

PLAN A: BASIC POLICY COVERAGE AND RIDER COVERAGE FOR CANCER, CORONARY ARTERY BYPASS, HEART ATTACK, STROKE, NURSING HOME AND ASSISTED LIVING FACILITY

PLAN B: BASIC POLICY COVERAGE AND RIDER COVERAGE FOR CANCER, NURSING HOME AND ASSISTED LIVING FACILITY

PLAN C: BASIC POLICY COVERAGE AND RIDER COVERAGE FOR CORONARY ARTERY BYPASS, HEART ATTACK, STROKE, NURSING HOME AND ASSISTED LIVING FACILITY

POLICY DEFINITIONS

Alzheimer's Disease means a diagnosis made by a certified licensed neurologist which results in the Covered Person's loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing. It must result in significant reduction in mental and social functioning such that the Covered Person requires supervision for daily living.

Characteristic of Alzheimer's Disease is the development of multiple cognitive deficits manifested by: (1) memory impairment (impaired ability to learn information or to recall previously learned information); and (2) one (or more) of the following cognitive disturbances:

- a) aphasia (language disturbance)
- b) apraxia (impaired ability to carry out motor activities despite intact motor function)
- c) agnosia (failure to recognize or identify objects despite intact sensory function) disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)

The cognitive deficits of Alzheimer's Disease exclude the following:

- 1) other central nervous system conditions that cause progressive deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's Disease, Huntington's Disease, subdural hematoma, normal-pressure hydrocephalus, brain tumor)
- 2) other systemic conditions and organic brain disorders that are known to cause dementia (e.g., hypothyroidism, vitamin B or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis, HIV infection)
- 3) psychiatric illnesses which could account for the loss of independent performance
- 4) substance-induced conditions
- 5) other disorders (e.g., Major Depressive Episode, Schizophrenia, Senile Dementia)

Coma means a state of unconsciousness with no reaction to external stimuli or internal needs which:

- 1) require the use of life support for a continuous period of at least 31 days; and
- 2) result in persisting clinical symptoms of permanent neurological deficit.

Covered Conditions means only Alzheimer's Disease, Kidney Failure, Major Organ Transplant, Paralysis and Coma as defined in this Policy. All covered conditions are either subject to a Maximum Benefit Period or Limited Benefit Period

Covered Person means a person:

1. who is eligible for coverage as the Insured or as a Dependent;
2. who has been accepted for coverage or has been automatically added;
3. who has paid the required premium; and
4. whose coverage has become effective and has not terminated.

Dependent: A person who is the Insured's:

1. lawful spouse, residing with the Insured.
2. child who is dependent upon the Insured for support and maintenance and is under the age of twenty-six (26).

The term child refers to Your and Your spouse's unmarried:

1. natural child;
2. stepchild; a stepchild is a Dependent on the date the Insured marries the child's parent; and
3. adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

Diagnosis (*diagnosed*) means a written, certified diagnosis by a Doctor of the Covered Person's Covered Condition.

Doctor means any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include You, or a member of Your Immediate Family.

POLICY DEFINITIONS (Continued)

Effective Date means the date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application, We issue the Policy and receive the first premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by endorsement.

Illness means sickness or disease which begins while this Policy is in force and after any applicable Waiting Period. Any loss due to Covered Conditions must begin while this Policy is in force and after the Waiting Period, if any.

Immediate Family means You or, Your spouse, and the parents, grandparents, children, or siblings by blood or marriage of either You, or Your spouse.

Injury means an accidental bodily injury caused by an accident which occurs while this Policy is in force. The accident must occur and any loss due to Injury must begin while this Policy is in force and after the Waiting Period, if any.

Insured means the person named in the Policy application and Policy Schedule.

Kidney Failure means the end stage renal failure which necessitates regular renal dialysis or which results in a complete kidney transplantation. It is characterized by chronic, irreversible failure of both kidneys to function.

Lifetime Maximum Benefit Amount means the maximum benefit amount We will pay under this Policy and any attached riders for all Covered Conditions. The Lifetime Maximum Benefit is shown in the Schedule.

Limited Benefit Period means the number of months of payment We will pay during any One Benefit Period for any Covered Condition shown in the Schedule to which a Limited Benefit Period will apply. All benefits payable under the terms of the Policy and any attached rider(s) are subject to the Limited Benefit Period.

Major Organ Transplant means surgery to implant in the Covered Person any of the following organs: a complete heart, lung or lungs, intestine, kidney, liver or pancreas.

Maximum Benefit Period means the number of months of payment We will pay during any One Benefit Period for any Covered Condition. The Maximum Benefit Period is shown in the Schedule. All benefits payable under the terms of the Policy and any attached rider(s) are subject to the Maximum Benefit Period.

Monthly Benefit Amount means the amount We will pay per month under the policy and any attached riders, after the applicable waiting period, if any, is satisfied. The Monthly Benefit Amount(s) is shown in the Schedule. The Monthly Benefit Amount is subject to the Maximum Benefit Period or the Limited Benefit Period.

One Benefit Period begins for a Covered Person with the date We pay the first Monthly Benefit Amount under the Policy or any attached rider(s) for a Covered Condition and ends 12 months after the date on which We pay the last Monthly Benefit Amount.

Paralysis means total and permanent irreversible loss of muscle function or sensation to the whole of any two limbs for a continuous period of 90 days following the precipitating event during which time there has been no sign of improvement. The paralysis must be permanent and supported by appropriate neurological evidence.

Policy means this document, the application, and any attachments that form this contract between You and Us.

Premium means the amount of money You are required to pay Us in return for the insurance provided by this Policy.

Waiting Period means the number days after the Covered Person's Effective Date before We will pay benefits for Covered Conditions. We will not pay benefits for Covered Conditions diagnosed or procedures performed during the Waiting Period. The Waiting Period, if any, is shown in the Schedule.

We, Us, Our Company means Guarantee Trust Life Insurance Company.

You, Your and Yours means the Insured shown in the Policy Schedule.

ELIGIBILITY FOR COVERAGE

CONSIDERATION

We have issued this Policy in consideration of the application and payment of the first premium. The application and Schedule are made a part of this Policy.

ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents as Covered Persons under this Policy. A Dependent will become a Covered Person subject to:

1. Your written application for that Dependent to be added to Your Policy; and
2. Except for Your newborn child, evidence satisfactory to Us of insurability and eligibility of the Dependent to be added; and
3. The payment of any required premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

Adopted child: On the date of a filing of a petition for adoption if You apply for coverage within sixty (60) days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of the minor.

Stepchild: On the date of Your marriage to the child's parent.

If this Policy is an Individual Plan, You are the only Covered Person. If this Policy is a Family Plan, You and Your Dependents are Covered Persons.

To add Your Dependent(s) after this Policy has been issued, We must receive:

1. Your written request to add the Dependent(s);
2. Evidence satisfactory to Us of the insurability and eligibility of the Dependent(s) to be added; and
3. The additional premium for the added Dependent(s), if any.

Your newborn child will be covered from the moment of birth without requiring a written application, subject to the applicable Newborn Addition provision shown below.

Individual Plan – Newborn Addition: If Your coverage is an Individual Plan (as shown in the Policy Schedule), adding Your newborn child will require Us to convert coverage from an Individual Plan to a Family Plan. You must notify Us and pay the additional premium within 60 days of such birth in order for Us to continue coverage for the newborn child beyond the 60-day period. If timely notice is not received, We may refuse to continue coverage beyond the 60-day period.

Family Plan – Newborn Addition: If coverage is already a Family Plan, notice of the addition of Your newborn child is not required. In the event of the addition of a newborn child to a Family Plan where We have not been notified of the birth, We may require proof of eligibility at the time of claim. Failure to provide proof of eligibility as a Dependent, as defined in this Policy, may result in a denial of a claim.

For any Dependent, except Your newborn child, added after the effective date of this Policy, coverage will:

1. Become effective as of the next monthly premium due date following the date We approve the application for the Dependent; and
2. Be subject to this Policy's Waiting Period.

DEPENDENT TERMINATION OF COVERAGE

If this is a Family Plan, a child will cease to be covered on the premium due date that follows the earlier of such child's:

1. twenty-sixth (26th) birthday; or
2. Date of marriage.

The coverage of a child will not terminate if that child is both:

1. Incapable of self-sustaining employment because of mental retardation or physical handicap; and

2. Currently dependent upon You.

ELIGIBILITY FOR COVERAGE (Continued)

DEPENDENT TERMINATION OF COVERAGE (Continued)

Proof of continued incapacity or dependency must be furnished to Us by You within thirty-one (31) days of the child's twenty-sixth (26th) birthday. Afterwards, proof of continued incapacity and dependency must be furnished to Us, at Our request, and Our expense, by You but not more frequently than annually after the two (2) year period following the child's twenty-sixth (26th) birthday, unless such information is requested as a part of Our claim processing.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage.

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

CONVERSION PRIVILEGE

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates for such person, except for non-payment of premium, as set forth in the Dependent Termination of Coverage provision. The Conversion policy will be issued without proof of good health, subject to the following conditions:

1. A written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be the premium payable on the Effective Date of the Conversion policy for the form and amount of coverage provided based on attained age.
2. The Conversion policy will be this or a similar form currently in use by Us.
3. The Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for loss incurred while this Policy is in force.
4. Any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the Conversion policy.

CONTINUATION OF INSURANCE

If You die, Your covered spouse, if any, will become the Insured. The spouse may continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

Coverage of the Insured's spouse shall cease on the premium due date that follows the date of entry of a valid judgement of dissolution of marriage.

BENEFIT PROVISIONS

ELIGIBILITY FOR BENEFITS

After the Waiting Period, if any, has been satisfied and while this Policy with any rider(s) attached are in force, We will pay the Covered Person the Monthly Benefit Amount shown in the Schedule upon the diagnosis of a Covered Condition. The Monthly Benefit Amount is subject to:

1. Maximum Benefit Period, or
2. Limited Benefit Period, and
3. Lifetime Maximum Benefit Amount, and
4. Definitions, limitations, exclusions and other provisions of this Policy.

For benefits to be payable, the following requirements must be met:

1. The diagnosis is made while this Policy is in force, and
2. The diagnosis is made after the expiration of the Waiting Period, if any, and
3. All terms and conditions of this Policy have been met.

We will pay the Monthly Benefit Amount for only one Covered Condition during any One Benefit Period. We won't pay benefits for multiple Covered Conditions during any One Benefit Period.

BENEFIT PROVISIONS (Continued)

ELIGIBILITY FOR BENEFITS (Continued)

Payment of any benefits under this Policy and / or any attached Riders will reduce the Lifetime Maximum Benefit Amount by the amount of any Monthly Benefit paid under this Policy and /or any attached Riders. When We have paid the applicable Lifetime Maximum Benefit Amount shown in the Schedule, the Policy and any attached Riders ends.

If the Covered Person dies during the Maximum Benefit Period or Limited Benefit Period, any remaining benefit payable under the Policy and / or Riders for that benefit period will be paid in a lump sum in accordance with the Payment of Claims provision.

RESTORATION OF POLICY BENEFITS

This Policy's Maximum Benefit Period or Limited Benefit Period for any One Benefit Period will be fully restored when there has been no payment of benefits of a Covered Condition for 12 consecutive months. The Restoration of Policy Benefits is subject to the Lifetime Maximum Benefit shown in the Schedule.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS: This Policy does not cover any loss caused by the following:

1. Any loss due to injury, disease or incapacity, unless related to or attributable to the Covered Conditions as defined.
2. Intentionally self-inflicted injury, while sane or insane.
3. Alcohol or drug abuse (unless drug abuse was a result of the administration of drugs as part of treatment by a Doctor).
4. Committing or attempting to commit a felony.
5. War (declared or undeclared) or any act of war, or service in any armed forces.
6. Engaging in an illegal occupation.
7. Participating in a riot or insurrection.
8. Injury sustained while taking part in any of the following activities:
 - (a) Amateur or professional sports or athletics, except this does not include Amateur sports or athletics which are non-contact or undertaken solely for leisure, recreational, entertainment or fitness purposes.
 - (b) Mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher.
 - (c) Aviation, except when travelling solely as a passenger in a commercial aircraft.
 - (d) Hang gliding, sky diving, parachuting or bungee jumping.
 - (e) Snow skiing or snowboarding, except for recreational downhill and /or cross-country snow skiing or snowboarding (no coverage provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body);
 - (f) Racing by any animal or motorized vehicle;
 - (g) Spelunking;
 - (h) Operating, riding in or upon, mounting or alighting from, any two, three, or four wheeled motor/engine driven snowmobile or all terrain vehicle (ATV).

Exclusion 8 applies only to the Covered Conditions of Paralysis and Coma.

PREMIUM AND REINSTATEMENT

PREMIUM: The first Premium is due on the Effective Date. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our home office.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for policies of this form number and Premium classification issued in the same state.

GRACE PERIOD: You may pay Premium up to thirty-one days after it is due. This Policy stays in force during such time. If the Premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that Premium.

PREMIUM AND REINSTATEMENT (Continued)

LAPSE AND REINSTATEMENT: If a Premium is not paid before the grace period ends, this Policy will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, the Policy will cover only Covered Conditions diagnosed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

REFUND OF PREMIUM: We will refund that part of any premium paid beyond the end of the month in which Your death occurred. Payment will be made within 30 days after Our receipt of proof of Your death.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us or to an authorized agent within 30 days after the start of a loss or as soon as reasonably possible. The notice must be sent to Us at Our home office or to an authorized agent. The notice should include Your name and Policy number.

CLAIM FORMS: When We receive notice of a claim, We will send forms for filing Proof of Loss. If We do not send these forms within fifteen (15) days, You will meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss section.

PROOF OF LOSS: The Covered Person must give Us written proof satisfactory to Us within ninety (90) days after the loss for which the Covered Person seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the date of loss, unless the Covered Person was legally incapacitated during that time.

One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. a fully completed claim form;
2. a Doctor's statement.

TIME OF PAYMENT OF CLAIM: After We receive satisfactory written proof of loss, We will pay the benefit then due.

PAYMENT OF CLAIMS: Benefits will be paid to You. Any benefit unpaid at the time of Your death will be paid in accordance with Your beneficiary designation. If no such designation exists, benefits will be payable to Your estate. If benefits are payable to Your estate, We will pay up to \$1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

ASSIGNMENT: No assignment of this Policy or its benefit, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our home office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

UNPAID PREMIUM: When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment. Our deduction for such Premium will be made and the Policy will end.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have a Covered Person examined as often as reasonably necessary while Your claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

LEGAL ACTION: You cannot bring legal action within 60 days from the date written proof of loss is given. You cannot bring it after 3 years from the date written proof of loss is required.

CHANGE OF BENEFICIARY: Unless You make an irrevocable designation of beneficiary, the right to change a beneficiary is reserved to You. The consent of a beneficiary shall not be required for assignment of this Policy, for any change of beneficiary, or to any other changes in this Policy.

GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract of insurance consists of the Policy, the Policy Schedule, the application, and any attachments. No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

DATE OF ISSUE: This Policy starts at 12:01 a.m., Standard Time, at the State of Issue on the Effective Date shown in the Policy Schedule.

MISSTATEMENT OF AGE: If any Covered Person's age or date of birth is misstated in the application, the benefits will be such as the Premium paid would have purchased at the correct age. If based on the correct age We would not have issued this Policy, then Our only responsibility will be to refund any Premium paid.

TIME LIMIT ON CERTAIN DEFENSES: We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for two (2) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the two (2) year period.

No claim for loss incurred which starts after two (2) years from the date a Covered Person is insured under this Policy will be reduced or denied because of disease or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of Your insurance.

ADVANCES IN MEDICAL DIAGNOSTIC PROCEDURES: It may happen that, under generally accepted medical practice standards, a laboratory, imaging or other diagnostic procedure specified above for supporting a claim for a Covered Condition may become obsolete and replaced by a new procedure or procedures generally considered to be at least as reliable as the specified diagnostic procedure. Subject to verification by Our Claims department, if this happens, such new procedure or procedures may be substituted for the specified diagnostic procedure.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside is amended to conform to the minimum requirements of those laws.

ANNUAL MEETING: The annual meeting of Our Policyholders will be held in Our home office. It will start at 10:00 a.m. on the first Monday in July. It will be held on Tuesday if Monday is a legal holiday. We will elect Directors and transact other business that is brought before the meeting.

**GUARANTEE TRUST LIFE
INSURANCE COMPANY**

A Mutual Company
1275 Milwaukee Avenue,
Glenview, Illinois 60025
(847) 699-0600

**SPECIFIED CRITICAL
ILLNESS POLICY**

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

(847) 699-0600

CORONARY ARTERY BYPASS SURGERY, HEART ATTACK OR STROKE BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is attached to and made a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. This Rider takes effect on the Effective Date shown at 12:01 a.m. Standard Time where you live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If you are not satisfied with this Rider, you may return it to us within ten (10) days of its receipt. You may return it to us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Covered Conditions means only Coronary Artery Bypass Surgery, Heart Attack and Stroke as defined in this Rider.

Coronary Artery Bypass Surgery means open heart surgery performed to correct significant narrowing or blockage of one or more coronary arteries with bypass grafts. Surgery must be recommended by a Doctor who is board-certified as a cardiologist, or cardiovascular or thoracic surgeon, for the treatment of Coronary Heart Disease.

We must receive:

- 1) a confirmation by the consulting cardiologist, cardiovascular or thoracic surgeon; and
- 2) angiographic evidence of the underlying Coronary Heart Disease.

Coronary angioplasty, heart valve replacement, laser relief or other surgical or non-surgical procedures are excluded.

Coronary Heart Disease means a severe narrowing or blockage of one or more of the small blood vessels (coronary arteries) that supply blood and oxygen to the heart.

Diagnosis means the time in which the earliest of the following takes place:

1. A Heart Attack is diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities.
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

Heart Attack means an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.
-

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

Stroke: An acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

ELIGIBILITY FOR BENEFITS

After the Waiting Period, if any, has been satisfied and while the Policy and this Rider are in force for the Covered Person, We will pay the Monthly Benefit Amount shown in the Schedule upon the diagnosis of a Covered Condition. For Coronary Artery Bypass Surgery, benefits are payable at the time surgery is performed.

Benefits are payable provided the following requirements are met:

1. The Diagnosis is made while this Rider is in force; and
2. The Diagnosis is made after the expiration of the Waiting Period, if any, and
3. All terms and conditions of the Policy and this Rider have been met.

Benefits payable for Coronary Artery Bypass Surgery are contingent upon the recommendation for surgery being given after the expiration of the Waiting Period, if any.

This Rider is subject to the Policy Lifetime Maximum Benefit Amount.

RIDER EXCLUSIONS

We will not pay a benefit for any loss due to Injury, Illness or incapacity, unless related to or attributable to the Covered Conditions as defined within this rider.

RENEWAL CONDITIONS

This Rider is renewed when the Policy to which it is attached is renewed.

PREMIUM

The premium for this Rider is included with the Policy premium. The Policy premium is shown on the Policy Schedule.

LAPSE AND REINSTATEMENT

If a Premium is not paid before the grace period ends, this Rider and the Policy to which it is attached will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy with this Rider will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, this Rider will cover only: (a) Heart Attack or Stroke diagnosed more than ten (10) days after the date of reinstatement; and (b) Coronary Artery Bypass surgery performed more than ten (10) days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

CONTINUATION OF INSURANCE

If the Insured dies, the covered spouse, if any, will become the Insured. The spouse may continue coverage for all Covered Persons under this Rider as long as the Policy to which it is attached is in force. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by us within thirty-one (31) days after the death of the Insured. We will terminate this Rider if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after the Insured's death.

WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease upon the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, provisions, exclusions and limitations of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company, at its Home Office, by



Secretary



President

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025

(847) 699-0600

CANCER BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

DEFINITION

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Covered Conditions means only Cancer and Cancer In Situ as defined in this Rider.

Cancer means a malignant tumor which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia and Cancer In Situ. Excluded are Cancers such as:

1. Pre-malignant tumors or polyps;
2. Skin Cancer, except malignant melanoma

Cancer In Situ is an early stage Cancer that involves only the site of origin and which has not spread beyond the organ or tissue in which it originated.

Diagnosis means the time in which the earliest of the following takes place:

1. Cancer is diagnosed by a pathologist. A pathological diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The Doctor establishing the pathological diagnosis shall base his/her judgement solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or suspect tumor, tissue or specimen.
2. Cancer is diagnosed by clinical or non-pathological diagnosis, if diagnosis from tissue cannot be made. A clinical or non-pathological diagnosis of Cancer will only be accepted as a Diagnosis when it is not medically possible to attempt a pathological diagnosis. Proof that it is not medically possible to attempt a pathological diagnosis must be satisfactory to Us. We reserve the right to request additional information, an additional Doctor's statement and/or examination by a Doctor of Our choice at Our expense.

Pathologist means a licensed Doctor, other than You or a member of Your Immediate Family, specializing in the interpretation and diagnosis of changes caused by disease in tissue, who is certified by the American Board of Pathology to practice Pathologic Anatomy, or certified by the Osteopathic Board of Pathology.

Skin Cancer means Basal cell or squamous cell carcinoma.

ELIGIBILITY FOR BENEFITS

DIAGNOSIS: In order for a benefit to become payable under this Rider, Cancer must be Diagnosed in one of the following ways:

1. **Pathological Diagnosis**

A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.

2. **Clinical Diagnosis**

Clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the patient's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the patient for Cancer.

3. **Other Diagnosis**

We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, we accept a cytology report in lieu of a pathology report.

The Covered Person will be eligible for benefits under this Rider if all of the following conditions are met:

1. A Covered Condition is diagnosed and treated while insured under this Rider;
2. loss due to a diagnosed Covered Condition is incurred while insured under this Rider; and
3. loss is the result of a Covered Condition under this Rider.

We will consider the Covered Person to have been eligible for benefits if a Covered Condition is diagnosed within thirty (30) days of a Covered Person's death.

BENEFIT

After the Waiting Period, if any, has been satisfied and while the Policy and this Rider are in force for the Covered Person, We will pay the Monthly Benefit Amount shown in the Schedule upon the diagnosis of a Covered Condition.

Benefits are payable provided the following requirements are met:

1. The diagnosis is made while this Rider is in force; and
2. The diagnosis is made after the expiration of the Waiting Period, if any, and
3. The conditions set forth in the Eligibility for Benefits provision of this Rider have been met; and
4. The Rider's Proof of Loss provision has been satisfied; and
5. All terms and conditions of the Policy and this Rider have been met.

This Rider is subject to the Policy Lifetime Maximum Benefit Amount.

RIDER EXCLUSIONS

We will not pay a benefit for any loss due to Injury, Illness or incapacity, unless related to or attributable to the Covered Conditions as defined within this rider.

RENEWAL CONDITIONS

This Rider is renewed when the Policy to which it is attached is renewed.

PREMIUM

The premium for this Rider is included with the Policy premium. The Policy premium is shown on the Schedule.

PROOF OF LOSS

The Covered Person must give Us written proof satisfactory to Us within ninety (90) days after the loss for which the Covered Person seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the date of loss, unless the Covered Person was legally incapacitated during that time.

One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. a fully completed claim form;
2. a Pathologist's report; or
3. a Doctor's statement.

LAPSE AND REINSTATEMENT

If a Premium is not paid before the grace period ends, this Rider and the Policy to which it is attached will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy with this Rider will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, this Rider will cover only Cancer or Cancer In Situ diagnosed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

CONTINUATION OF INSURANCE

If the Insured dies, the covered spouse, if any, will become the Insured. The spouse may continue coverage for all Covered Persons under this Rider as long as the Policy to which it is attached is in force. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by us within thirty-one (31) days after the death of the Insured. We will terminate this Rider if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after the Insured's death.

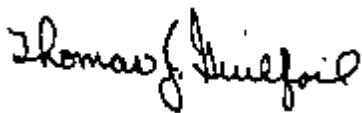
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease upon the date the Policy to which this Rider is attached ends.


CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

NURSING HOME AND ASSISTED LIVING FACILITY BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

DEFINITION

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Assisted Living Facility means a place providing room, board and personal care services to persons in need of assistance because of, but not limited to, an inability to perform routine activities of daily living (*such as bathing, continence, dressing, eating, toileting or transferring*) or a cognitive impairment. Assisted Living Facilities can include other facilities providing the same type of assistance and services but are otherwise known as: personal care, domiciliary care, supported care, intermediate care, custodial care, sheltered care, adult foster home, or residential health care facilities. An Assisted Living Facility must hold an appropriate state license, certification or registration, where required to do so, in the state in which it operates.

If the state in which the Assisted Living Facility is located does not require licensure, certification or registration, the facility must meet the following requirements:

1. Provide twenty-four (24) hour a day assistance and services to residents; and
2. Employ staff in sufficient number and qualification to meet the twenty-four (24) hour scheduled and unscheduled needs of its residents. This includes having a trained and ready-to-respond employee on duty at all times; and
3. Provide three (3) meals a day and accommodate special dietary needs; and
4. Have formal arrangements for the services of a Doctor or nurse to furnish emergency medical care; and
5. Have appropriate methods and procedures in place to provide onsite assistance with prescription medications.

An Assisted Living Facility does not include a hospital, Nursing Home, a place that operates primarily for the treatment of alcoholism, drug addiction, or mental or nervous disorder, congregate housing, individual residences or independent living units.

Nursing Home means a facility that meets the following standards:

1. Is operated pursuant to law; and
2. Is a separate facility or a distinctly separate part of a hospital set aside for nursing care; and
3. Is primarily engaged in providing, in addition to room and board accommodations, nursing care by or under the supervision of a duly licensed Doctor; and
4. Provides continuous twenty-four (24) hour a day nursing services by or under the supervision of a registered professional nurse (RN); and
5. Maintains a daily medical record of each patient.

A Nursing Home is not any home, facility, or part thereof used primarily for: a home for the aged, rest, the care and treatment of drug or alcohol abuse, the care and treatment of mental or nervous disorders, or educational care.

ELIGIBILITY FOR BENEFITS

After the Waiting Period, if any, has been satisfied and while the Policy and this Rider are in force, We will pay the following benefits for confinement in a Nursing Home or Assisted Living Facility when such confinement is due to a Covered Condition, as defined by the Policy or Benefit Rider attached.

A. NURSING HOME BENEFIT

If the Covered Person is confined in an eligible Nursing Home due to a Covered Condition (whether for skilled, intermediate or custodial level of care), we will pay the Monthly Benefit Amount shown in the Policy Schedule for each month of such confinement not to exceed the Maximum Benefit Period or Limited Benefit Period.

B. ASSISTED LIVING BENEFIT

If the Covered Person is confined in an eligible Assisted Living Facility due to a Covered Condition, we will pay the Monthly Benefit Amount shown in the Policy Schedule for each month of such confinement not to exceed the Maximum Benefit Period or Limited Benefit Period.

Benefits are payable provided the following requirements are met:

1. Diagnosis of the Covered Condition is made while this Rider is in force; and
2. Diagnosis of the Covered Condition is made after the expiration of the Waiting Period, if any, and
3. The Policy or Rider's Proof of Loss provision, as applicable, has been satisfied; and
4. All terms and conditions of the Policy and this Rider have been met.

Benefits are payable once per calendar month. During any One Benefit Period, We will pay the applicable Monthly Benefit amount for only either A. or B., above. In the event the Covered Person is confined to both a Nursing Home and an Assisted Living Facility within the same calendar month, benefits will be payable based upon the facility of earliest confinement within that calendar month.

Subject to the Lifetime Maximum Benefit Amount shown in the Policy Schedule, total benefits paid for a Covered Condition, Nursing Home or Assisted Living Facility confinement during any One Benefit Period cannot exceed the number of months payable under the Maximum Benefit Period or the Limited Benefit Period.

This Rider is subject to the Policy Lifetime Maximum Benefit Amount.

RIDER EXCLUSIONS

We will not pay a benefit for any loss due to Injury, Illness or incapacity, unless related to or attributable to the Covered Conditions as defined in the Policy or Benefit Rider(s) attached hereto.

RENEWAL CONDITIONS

This Rider is renewed when the Policy to which it is attached is renewed.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Benefit Rider is shown in the Policy Schedule.

We can change the premium for this Rider if We change it for all Riders like Yours in Your state on a class basis. We'll provide You with written notice of any change in the premium in the time required by Your state.

CONTINUATION OF INSURANCE

If the Insured dies, the covered spouse, if any, will become the Insured. The spouse may continue coverage for all Covered Persons under this Rider as long as the Policy to which it is attached is in force. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by us within thirty-one (31) days after the death of the Insured. We will terminate this Rider if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after the Insured's death.

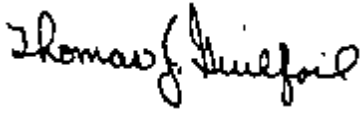
WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease upon the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue
Glenview, Illinois 60025

SPECIFIED CRITICAL ILLNESS COVERAGE

OUTLINE OF COVERAGE

For Policy Form G1132-AR
Rider Forms RG11CAN, RG11HAS, RG11NH, RG07ROP (D)

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY!**

SPECIFIED CRITICAL ILLNESS COVERAGE – Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of a specified critical illness. The policy provides coverage for loss resulting from specified covered conditions, based upon the benefit plan chosen. See *BENEFIT PLANS* below for the covered conditions included for each benefit plan. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFITS

BENEFIT PLANS	COVERAGE INCLUDED FOR
Plan A – Critical Care	Covered Conditions: Cancer, Coronary Artery Bypass Surgery, Heart Attack, Stroke, Alzheimer's disease; kidney failure, paralysis, coma, major organ transplant. Nursing Home and Assisted Living Facility benefits when confinement is due to the Plan A Covered Conditions.
Plan B – Cancer Care+	Covered Conditions: Cancer, Alzheimer's disease; kidney failure, paralysis, coma, major organ transplant. Nursing Home and Assisted Living Facility benefits when confinement is due to the Plan B Covered Conditions.
Plan C – Cardiac Care+	Covered Conditions: Coronary Artery Bypass Surgery, Heart Attack, Stroke, Alzheimer's disease; kidney failure, paralysis, coma, major organ transplant. Nursing Home and Assisted Living Facility benefits when confinement is due to the Plan C Covered Conditions.

Upon the diagnosis of a covered condition, we will pay the monthly benefit amount you choose for the policy and any attached riders after the waiting period has been satisfied. We will pay this amount for the number of months you choose from [6] months to [24] months. A limited benefit period applies to cancer in situ, coma and heart attack (3 month benefit period) and coronary artery bypass (2 month benefit period.)

The monthly benefit amount is subject to:

1. The applicable maximum benefit period or limited benefit period;
2. The lifetime maximum benefit amount; and
3. The definitions, limitations, exclusions and other provisions of this policy.

For benefits to be payable, the following requirements must be met:

1. The diagnosis must be made while this policy is in force, and
2. The diagnosis must be made after the expiration of the waiting period, if any, and
3. All terms and conditions of this policy must be met.

We will pay the monthly benefit amount for only one covered condition during any one benefit period. We won't pay benefits for multiple covered conditions during any one benefit period.

Payment of any benefits under this policy and / or any attached riders will reduce the lifetime maximum benefit amount by the amount of any monthly benefit paid under this policy and /or any attached riders. When we have paid the applicable lifetime maximum benefit amount, the policy and any attached riders ends.

In the event of your death during the maximum benefit period or limited benefit period, any remaining benefit payable under the policy and / or riders for that benefit period will be paid in a lump sum to your designated beneficiary.

RESTORATION OF POLICY BENEFITS

This policy's maximum benefit period or limited benefit period for any one benefit period will be fully restored when there has been no payment of benefits of a covered condition for 12 consecutive months. This restoration of benefits is subject to the policy's lifetime maximum benefit.

OPTIONAL RETURN OF PREMIUM RIDER - In the event you die before the first policy anniversary which follows your eightieth (80th) birthday, a Return of Premium Benefit may be payable to your named beneficiary or estate. Benefit payment under this rider is subject to the policy being in force with this rider at the time of your death.

The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums you paid for the policy, including premiums paid for this rider and any other benefit rider(s) attached to the policy (unless expressly excluded), while this rider was in force (except for any application and annual policy fees). Premium also includes premiums paid for any dependent(s) insured under the policy. The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefits paid or then payable under the policy, including benefits paid or payable under any attached benefit riders, to you or on your behalf while this rider was in force.

If we receive a claim for benefits after proceeds have been paid under the terms of this rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Upon Death Benefit that has already been paid.

WAITING PERIOD – There is a 30 day waiting period before we will pay benefits for a loss covered by the policy and attached riders. We will not pay benefits for covered conditions diagnosed or procedures performed during the waiting period.

EXCLUSIONS - This Policy does not cover any loss caused by the following:

1. Any loss due to injury, disease or incapacity, unless related to or attributable to the Covered Conditions as defined.
2. Intentionally self-inflicted injury, while sane or insane.
3. Alcohol or drug abuse (unless drug abuse was a result of the administration of drugs as part of treatment by a Doctor).
4. Committing or attempting to commit a felony.
5. War (declared or undeclared) or any act of war, or service in any armed forces.
6. Engaging in an illegal occupation.
7. Participating in a riot or insurrection.
8. Injury sustained while taking part in any of the following activities:
 - (a) Amateur or professional sports or athletics, except this does not include Amateur sports or athletics which are non-contact or undertaken solely for leisure, recreational, entertainment or fitness purposes.
 - (b) Mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher.
 - (c) Aviation, except when travelling solely as a passenger in a commercial aircraft.
 - (d) Hang gliding, sky diving, parachuting or bungee jumping.
 - (e) Snow skiing or snowboarding, except for recreational downhill and /or cross-country snow skiing or snowboarding (no coverage provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body);
 - (f) Racing by any animal or motorized vehicle;
 - (g) Spelunking;
 - (h) Operating, riding in or upon, mounting or alighting from, any two, three, or four wheeled motor/engine driven snowmobile or all terrain vehicle (ATV).

Exclusion 8 applies only to the Covered Conditions of Paralysis and Coma.

RENEWABILITY – You may keep the policy and any attached riders, (except the Return of Premium Upon Death Benefit Rider, which ends the first policy anniversary date after the 80th birthday) in force during your entire lifetime by paying premiums when due or within the grace period. We can't cancel or refuse to renew the policy or place any restrictions on it if you pay your premiums on time.

PREMIUMS SUBJECT TO CHANGE - We may change your premium rates by giving you at least 31 days prior written notice. We can change the premiums this way only if we change them on a class basis for all policies/riders of this class in your state.

INITIAL PREMIUM

☐ **PLAN A - CRITICAL CARE** \$ _____

☐ **PLAN B - CANCER CARE+** \$ _____

☐ **PLAN C – CARDIAC CARE+** \$ _____

☐ **RETURN OF PREMIUM RIDER** \$ _____

ANNUAL POLICY FEE: \$ _____

TOTAL PREMIUM \$ _____

Agent Name: _____

Agent Address: _____

Telephone Number: _____

Application for Critical Care Insurance to: Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue, Glenview, IL 60025 (800) 338-7452

AGENT NOTE: Please pre-qualify the Applicant(s) with Section C prior to completing the application

Application for: ☐ New Coverage ☐ Reinstatement ☐ Increase of Benefits

If Reinstatement or Increase requested, please list GTL policy/certificate number(s) affected: _____

A. APPLICANT(S) INFORMATION

MAIL POLICY TO: ☐ AGENT ☐ INSURED

APPLICANT

1. Last Name _____ 2. First _____ 3. M.I. _____
4. Social Security # _____ 5. ☐ Male ☐ Female 6. Age _____ 7. Date of Birth _____
8. Have you used any tobacco products in the past 12 months? ☐ Yes ☐ No

SPOUSE:

9. Last Name _____ 10. First _____ 11. M.I. _____
12. Social Security # _____ 13. ☐ Male ☐ Female 14. Age _____ 15. Date of Birth _____
16. Have you used any tobacco products in the past 12 months? ☐ Yes ☐ No

DEPENDENTS:

D1. Last Name _____ First _____ M.I. _____
☐ Male ☐ Female Age _____ Date of Birth _____ Social Security # _____
D2. Last Name _____ First _____ M.I. _____
☐ Male ☐ Female Age _____ Date of Birth _____ Social Security # _____

For additional dependents, please attach a separate piece of paper, signed and dated by the applicant, including the above information for each dependent.

CONTACT:

17. Street Address _____
18. City _____ 19. State _____ 20. Zip Code _____
21. Telephone _____ 22. Email Address _____

BENEFICIARY (Required Information):

Primary Beneficiary _____ Relationship _____
Contingent Beneficiary _____ Relationship _____

B. COVERAGE SELECTION & PREMIUMS

1. Choose a Plan:	2. Choose Benefit Amount	3. Choose Benefit Period
Plan Type (Select 1): A B C	*Monthly Base Benefit Amount: *Minimum \$500, maximum \$3,000 in \$250 increments	**Maximum Benefit Period for covered conditions: 6 Months 12 Months 18 Months 24 Months
Applicant: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	\$ _____	<input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24
Spouse: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	\$ _____	<input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24
Depndt(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	\$500 (for all dependents)	<input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24
Plan A = Critical Care Plan B = Cancer Care+ Plan C = Cardiac Care+	Assisted Living Facility and Nursing Home Benefits are paid in addition to the base. The ALF benefit is 50% of the base, NH benefit is 100% of the base.	**Limited Benefit Period applies to specific covered conditions. See Outline of Coverage.

4. Choose Premium Payment Mode:

☐ Monthly Bank Draft ☐ Annual
☐ Semi-Annual ☐ Quarterly
Effective Date: _____
Draft Date (other than the 29th, 30th and 31st): _____

5. Return of Premium Rider: ☐ Yes ☐ No

6. Premiums:

Premiums include an annual \$25 Policy Fee.
TOTAL: \$ _____

C. PRE QUALIFICATION, MEDICAL INFORMATION & EXCLUSIONS

1. In the past 10 years has any person to be insured had, been diagnosed as having, received medication for or been treated by a medical practitioner for:

AIDS or ARC	Kidney Dialysis
ALS (Lou Gehrig's Disease)	Kidney Disease, Chronic
Alzheimer's Disease	Liver Disease, Chronic
Central Nervous System Disease	Mental Retardation
Cerebral Palsy	Motor Neuron Disease
Cirrhosis	Multiple Sclerosis
Crohn's Disease	Muscular Dystrophy
Cystic Fibrosis	Paralysis
Dementia	Parkinson's Disease
Hepatitis B, or C. Chronic	Respiratory or Lung Disease, Chronic
HIV positive	(other than controlled asthma)
Huntington's Disease	Ulcerative Colitis
2. In the past 5 years has anyone proposed for insurance been treated for drug or alcohol abuse or abused alcohol or drugs or had abnormal test results relating to alcohol or drug use or are currently confined to a nursing home?
3. For any of the conditions listed in 1 and 4 A-B for which benefits are being applied for, within the past 24 months, has any person to be insured been advised to seek treatment or medical advice from a practitioner but has not yet done so or experienced any symptoms that would have caused an ordinarily prudent person to seek advice from a medical practitioner?
4. In the past 10 years has any person to be insured had, been diagnosed as having, received medication for or been treated by a medical practitioner for:
 - A. Leukemia, malignant melanoma, lymphoma, sarcoma, or any other type of cancer (excluding skin cancer) or any tumor of the brain?
 - B. Disease of the heart or heart valves, heart attack, chest pain, coronary bypass, angioplasty, stent placement, angina, heart arrhythmia requiring treatment, cardiomyopathy, congenital heart defect, abnormal heart test, stroke, Transient Ischemic Attack (TIA), peripheral vascular disease, unoperated aneurysm, brain hemorrhage or diabetes treated with insulin?
5. For anyone proposed for insurance under the age of 60, did 2 or more of your natural parent(s), sister(s), brother(s), either living or dead suffer from:
 - A. Cancer before the age of 60?
 - B. Stroke or heart disease or diabetes before the age of 60?
6. Is any person proposed for insurance taking any prescription medication? If yes please list below.

Name of Person	Name of Medication	Reason for Medication(s)	Dosage

APPLICANT'S ANSWERS

Question	YES	NO	Action
1, or 2, or 3	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," do not submit the application
4A, or 5A	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," Cancer Care coverage not available
4B, or 5B	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," Cardiac Care coverage not available

} If both "YES", do not submit application

SPOUSE'S ANSWERS

Question	YES	NO	Action
1, or 2, or 3	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," Spouse does not qualify for benefits
4A, or 5A	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," Cancer Care coverage not available
4B, or 5B	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," Cardiac Care coverage not available

} If both "YES", does not qualify for benefits

DEPENDENT'S ANSWERS

Question	YES	NO	Action
1, or 2, or 3	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," Dependent(s) _____ does/do not qualify for benefits
4A, or 5A	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," Cancer Care coverage not available
4B, or 5B	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," Cardiac Care coverage not available

} If both "YES", does/do not qualify for benefits

D. COVERAGE INFORMATION

APPLICANT

1. Will any existing in force hospital, medical, or major medical insurance be replaced or changed if the proposed coverage is issued? ☐ No ☐ Yes (If "YES," please complete the Replacement Form.)
If "YES," with which company? _____

AGENT'S STATEMENT

I certify that I have accurately recorded the information supplied by the Applicant. I am not aware of any additional information which may have a bearing on the insurability of anyone proposed for insurance on this application and any supplement to it. I have advised the applicant not to withhold any information relative to this application and its questions. I have advised the applicant to review the application for completeness and accuracy and that no coverage is in effect until they are notified in writing by Guarantee Trust Life Insurance Company. To the best of my knowledge and belief, the insurance applied for:

- ☐ Is, or
☐ Is not likely to replace or change existing insurance or annuities.

Agent's Name (Printed)

Agent Code

Agent's Signature

Agent's Email Address

Date

AUTHORIZATION/AGREEMENT

ALL STATEMENTS MADE IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE, TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND THAT THE STATEMENTS FORM THE BASIS UPON WHICH INSURANCE WILL BE MADE EFFECTIVE. I (WE) UNDERSTAND THAT OMISSIONS, MISREPRESENTATIONS OR MISSTATEMENTS COULD RESULT IN DENIAL OF AN OTHERWISE VALID CLAIM AND/OR RESCISSION, VOIDING, OR REFORMATION OF INSURANCE.

I (We) understand that insurance applied for will not become effective until: a) approved and issued by GTL; b) I (We) have been furnished written notice of the effective date; and c) I (We) have paid the premium in full. I (We) understand that any changes in my (our) health conditions, if applicable, from the date of this application until insurance becomes effective, may result in the declination of my (our) coverage. No agent or other representative of GTL has required, permitted, or encouraged me (us) to answer any question inaccurately or has waived any conditions of this application. I (We) have received a copy of the Pre-Notice which describes how information is obtained and used by GTL. If this application is completed electronically, I (We) understand the Pre-Notice will be delivered electronically or with the policy. If the application is completed over the phone the Pre-Notice will be delivered with the policy.

AUTHORIZATION: I (We) authorize Guarantee Trust Life Insurance Company (herein referred to as the "Company"), insurance support organizations, authorized representatives, and any reinsurers, to obtain information as to the diagnosis, treatment, or prognosis of my (our) physical condition, other coverage and any other information needed to underwrite my (our) application for insurance such as criminal or motor vehicle records. Upon presentation of this Authorization, or a photocopy of it, the Company may obtain, without restriction (except psychotherapy notes), such information or records from any doctor, health professional, hospital, clinic, Veterans Administration, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities or other person or organization which has such information including any information provided to any affiliate insurance company on previous applications and any information provided to our health division for underwriting or claim servicing purposes. The Company and its reinsurers may also obtain such information from the MIB, Inc. This Authorization includes all information about drugs, alcoholism, and mental illness. I (We) understand and agree that the Company or its representatives may conduct a phone interview or face-to-face assessment as part of the underwriting process. Although federal regulations require that the Company inform Me (Us) of the potential that information disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected if such information is disclosed to a person or entity not covered by the federal privacy regulation, all such information received by the Company pursuant to this authorization will be protected by federal and state privacy laws and regulations.

AUTHORIZATION/AGREEMENT (CONTINUED)

I (We) understand and agree that the Company or its representatives may conduct a phone interview or face-to-face assessment as part of the underwriting process.

I (We) understand once information is disclosed pursuant to this Authorization, such information will continue to be protected by GTL in accordance with federal or state law. I (We) also understand that my (our) application for insurance can be declined if I (We) choose not to sign this Authorization.

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

Signed at _____
Date City and State

Signature of Applicant Signature of Applicant's Spouse (if applicable)

APPH3-11

SERFF Tracking Number:	GRTT-127906558	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	50512
Company Tracking Number:	G1132-AR		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Specified Critical Illness Policy		
Project Name/Number:	/G1132		

Rate Information

Rate data applies to filing.

Filing Method:	serff
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	12/19/2011
Filing Method of Last Filing:	n/a

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Guarantee Trust Life Insurance Company	%	%				%	%

SERFF Tracking Number: GRTT-127906558 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50512

Company Tracking Number: G1132-AR

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Specified Critical Illness Policy

Project Name/Number: /G1132

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 12/20/2011	Rates	G1132, RG11HAS, RG11CAN, RG11NH	New		Premium_Rates_65%.pdf
Approved-Closed 12/20/2011	Rates	RG07ROP(D)	New		Premium Factors_ROP(D)_65%.pdf

Guarantee Trust Life Insurance Company
Monthly Benefit Amount for 250 Base
Annual Premium Rates for Non-Tobacco
G1132, RG11CAN, RG11HAS, and RG11NH

G1132, RG11CAN, RG11HAS* (unit: months)					RG11NH: 100% NH (unit: months)				RG11NH: 50% NH (unit: months)			
6 mc	12 mc	18 mc	24 mc		6 mc	12 mc	18 mc	24 mc	6 mc	12 mc	18 mc	24 mc
Child	3.19	5.75	8.17	10.44	0.13	0.22	0.32	0.41	0.11	0.19	0.27	0.34
18 29	7.77	14.00	19.88	25.41	0.13	0.22	0.32	0.41	0.11	0.19	0.27	0.34
30 39	11.66	21.00	29.82	38.12	0.15	0.27	0.39	0.49	0.13	0.23	0.33	0.42
40 49	23.87	43.00	61.06	78.05	0.31	0.56	0.79	1.01	0.26	0.47	0.67	0.86
50 54	38.85	70.00	99.40	127.05	0.89	1.60	2.27	2.90	0.75	1.36	1.93	2.47
55 59	53.28	96.00	136.32	174.24	1.81	3.25	4.61	5.90	1.53	2.76	3.92	5.01
60 64	69.93	126.00	178.92	228.69	3.28	5.91	8.39	10.72	2.78	5.02	7.13	9.11
65 69	88.25	159.00	225.78	288.59	6.17	11.12	15.79	20.18	5.24	9.45	13.42	17.15
70 74	105.45	190.00	269.80	344.85	10.61	19.11	27.13	34.68	9.01	16.24	23.06	29.47
75 79	120.44	217.00	308.14	393.86	17.35	31.27	44.40	56.75	14.75	26.58	37.74	48.23
80 84	127.65	230.00	326.60	417.45	26.22	47.25	67.09	85.75	22.29	40.16	57.02	72.88

Benefits	Benefit Amount	Benefit Period*
Cancer (1)	100%	100%
Cancer (2)	100%	100%
Cancer In-situ	100%	3 months
Coronary Artery Bypass Graft	100%	2 months
Heart Attack	100%	3 months
Stroke	100%	100%
Alzheimer's	100%	100%
Kidney Failure	100%	100%
Organ Transplant (3)	100%	100%
Paralysis	100%	100%
Coma	100%	3 months

* Fixed period for Benefit Period less than 12 month

** The rates for higher monthly benefit amounts are proportionate to the \$250 rates for up to \$1,750 and discounted at 5% for \$2,000 & up.

Tobacco factor is 150%.

Annual Fee Per Policy \$25

Guarantee Trust Life Insurance Company
Monthly Benefit Amount for 250 Base
Annual Premium Rates for Non-Tobacco
G1132, RG11HAS, and RG11NH

G1132, RG11HAS** (unit: months)					RG11NH: 100% NH (unit: months)				RG11NH: 50% NH (unit: months)			
6 mc	12 mc	18 mc	24 mc		6 mc	12 mc	18 mc	24 mc	6 mc	12 mc	18 mc	24 mc
Child	1.35	2.44	3.46	4.43	0.09	0.15	0.20	0.26	0.08	0.13	0.17	0.22
18 29	3.33	6.00	8.52	10.89	0.09	0.15	0.20	0.26	0.08	0.13	0.17	0.22
30 39	4.44	8.00	11.36	14.52	0.13	0.22	0.31	0.39	0.11	0.19	0.26	0.33
40 49	9.99	18.00	25.56	32.67	0.28	0.47	0.66	0.84	0.24	0.40	0.56	0.71
50 54	17.21	31.00	44.02	56.27	0.81	1.38	1.93	2.46	0.69	1.17	1.64	2.09
55 59	24.98	45.00	63.90	81.68	1.66	2.83	3.97	5.04	1.41	2.41	3.37	4.28
60 64	35.52	64.00	90.88	116.16	3.19	5.45	7.63	9.70	2.71	4.63	6.49	8.25
65 69	49.40	89.00	126.38	161.54	5.91	10.10	14.14	17.98	5.02	8.59	12.02	15.28
70 74	63.83	115.00	163.30	208.73	10.22	17.48	24.47	31.11	8.69	14.86	20.80	26.44
75 79	78.81	142.00	201.64	257.73	17.19	29.39	41.15	52.32	14.61	24.98	34.98	44.47
80 84	86.58	156.00	221.52	283.14	25.74	44.00	61.60	78.31	21.88	37.40	52.36	66.56

Benefits	Benefit Amount	Benefit Period*
Cancer (1)		
Cancer (2)		N/A
Cancer In-situ		
Coronary Artery Bypass Graft	100%	2 months
Heart Attack	100%	3 months
Stroke	100%	100%
Alzheimer's	100%	100%
Kidney Failure	100%	100%
Organ Transplant (3)	100%	100%
Paralysis	100%	100%
Coma	100%	3 months

* Fixed period for Benefit Period less than 12 month

** The rates for higher monthly benefit amounts are proportionate to the \$250 rates for up to \$1,750 and discounted at 5% for \$2,000 & up.

Tobacco factor is 150%.

Annual Fee Per Policy \$25

Guarantee Trust Life Insurance Company
Monthly Benefit Amount for 250 Base
Annual Premium Rates for Non-Tobacco
G1132, RG11CAN, and RG11NH

G1132, RG11CAN** (unit: months)					RG11NH: 100% NH (unit: months)				RG11NH: 50% NH (unit: months)			
6 mc	12 mc	18 mc	24 mc		6 mc	12 mc	18 mc	24 mc	6 mc	12 mc	18 mc	24 mc
Child	2.11	3.81	5.41	6.92	0.08	0.14	0.21	0.27	0.07	0.12	0.18	0.23
18 29	5.00	9.00	12.78	16.34	0.08	0.14	0.21	0.27	0.07	0.12	0.18	0.23
30 39	6.66	12.00	17.04	21.78	0.12	0.22	0.32	0.41	0.10	0.19	0.27	0.35
40 49	16.10	29.00	41.18	52.64	0.23	0.43	0.63	0.82	0.20	0.37	0.54	0.70
50 54	26.09	47.00	66.74	85.31	0.56	1.05	1.52	1.98	0.48	0.89	1.29	1.68
55 59	36.08	65.00	92.30	117.98	1.09	2.07	2.99	3.88	0.93	1.76	2.54	3.30
60 64	46.62	84.00	119.28	152.46	2.05	3.88	5.62	7.29	1.74	3.30	4.78	6.20
65 69	57.17	103.00	146.26	186.95	3.63	6.85	9.93	12.88	3.09	5.82	8.44	10.95
70 74	67.16	121.00	171.82	219.62	6.18	11.67	16.92	21.94	5.25	9.92	14.38	18.65
75 79	77.70	140.00	198.80	254.10	9.87	18.63	27.01	35.02	8.39	15.84	22.96	29.77
80 84	84.36	152.00	215.84	275.88	14.54	27.43	39.77	51.57	12.36	23.32	33.80	43.83

Benefits	Benefit Amount	Benefit Period*
Cancer (1)	100%	100%
Cancer (2)	100%	100%
Cancer In-situ	100%	3 months
Coronary Artery Bypass Graft		
Heart Attack		N/A
Stroke		
Alzheimer's	100%	100%
Kidney Failure	100%	100%
Organ Transplant (3)	100%	100%
Paralysis	100%	100%
Coma	100%	3 months

* Fixed period for Benefit Period less than 12 month

** The rates for higher monthly benefit amounts are proportionate to the \$250 rates for up to \$1,750 and discounted at 5% for \$2,000 & up.

Tobacco factor is 150%.

Annual Fee Per Policy \$25

Guarantee Trust Life Insurance Company
Return of Premium Rider: RG07ROP(D)
Premium Factors

Return of Premium Rider, at Death to Age 80
Benefit is 100% of premium

Issue		Premium
<u>Age Band</u>		<u>Factor*</u>
0	29	0.10
30	39	0.10
40	49	0.15
50	54	0.15
55	59	0.20
60	64	0.22
65	69	0.22

*Applies to base and other riders, not policy fee

SERFF Tracking Number:	GRTT-127906558	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	50512
Company Tracking Number:	G1132-AR		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Specified Critical Illness Policy		
Project Name/Number:	/G1132		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/20/2011
Comments:			
Attachment:			
readcert.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/20/2011
Bypass Reason:	Please see the new application on the forms tab.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	12/20/2011
Comments:			
Attachment:			
Actl Memo_65%.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	12/20/2011
Comments:			
Please see the outline on the forms tab.			
		Item Status:	Status Date:
Satisfied - Item:	actuarial memorandum for rates for previously approved rider RG07ROP(D)	Approved-Closed	12/20/2011

SERFF Tracking Number: GRTT-127906558 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50512
 Company Tracking Number: G1132-AR
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Specified Critical Illness Policy
 Project Name/Number: /G1132

Comments:

Attachment:

Actl Memo_ROP(D)_65%.pdf

		Item Status:	Status Date:
Satisfied - Item:	Previously approved rider for your information	Approved-Closed	12/20/2011
Comments:			
Attachment:			
	RG07ROP(D).pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	12/20/2011
Comments:			
Attachment:			
	Statement of Variability2.pdf		

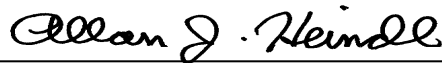
CERTIFICATE OF READABILITY

Form Number(s): G1132-AR, RG11HAS, RG11CAN, RG11NH, OCG1132-AR, APPH3-11

Flesch Test Score(s): 50.06, 45.09, 48.35, 43.02, 43.60, 46.59

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY



Allan J. Heindl, FLMI, HIA, AIRC
Vice President – Product Approval & Compliance

Date: December 19, 2011

Guarantee Trust Life Insurance Company
Actuarial Memorandum for Filing of Initial Premium Rates
Return of Premium Rider: RG07ROP(D)

I. Scope and Purpose

This actuarial memorandum is intended to provide pricing information and analyses underlying a proposed premium schedule on the above-referenced policy rider, and to exhibit compliance of the proposed rate schedule with state law and regulation.

II. Description of Benefits

The product under this filing is a policy rider providing return of premium benefits

The benefit under the rider is payable at death of the primary insured to age 80.

The amount returned is determined as the sum of all premiums paid under the policy and riders (excluding annual policy fees), less all benefits paid or payable under the policy.

III. Renewability

The rider is renewable through the end of the return of premium period.

IV. Morbidity

Morbidity under the base product will impact the level of benefits provided under this rider, in that claims provide an offset to the return of premium amount.

V. Interest Discount

Values are discounted at an annual rate of 4% for present value calculations.

VI. Marketing

These policies are marketed to individuals through agents.

VII. Underwriting

The base policies are underwritten based on answers to questions contained in the application form and potential follow-up investigation.

VIII. Mortality and Lapse

Pricing Mortality assumptions are based on 1975-80 US SOA Ultimate tables.
Valuation Mortality assumptions are based on 1980 CSO, average of male and female

Lapse Rate: Approximate annual lapse rates are assumed to vary by policy year and issue age:

Age	18 – 44	45+
1	0.28	0.17
2	0.16	0.14
3	0.13	0.11
4	0.11	0.09
5	0.10	0.08
6	0.09	0.07
7	0.08	0.07
8+	0.07	0.06

IX. Expenses and Commissions

Anticipated expenses for this product are as follows:

- Acquisition and marketing: 2.5% of the first year
- Policy administration and overhead: 3.0% of premium
- Premium Tax, fees, assessments: 2.5% of premium
- Commissions:
 - 70% year 1 and 0% 2+ for issue age 18 to 64
 - 65% year 1 and 0% 2+ for issue age 65 to 69

X. Issue Ages

The intended issue age range is from 18 to 69.

XI. Area Factors

Gross premiums for this rider do not vary according to geographic area.

XII. Trend and Selection

Trend and the impact of selection on claim costs do not impact the benefits paid under this rider.

XIII. Premium Classes

Gross premiums for this rider are expressed as a factor of the base policy premiums and other riders on which the return of premium is based on. The factor is applied to base premiums and other riders, not to the policy fee. Factors may vary by issue age.

XIV. Average Annual Premium

The average annual premiums are expected to be \$140 per policy.

XV. Modal Premium Factors

Modal factors are inherent within the calculation of the base policy premium, thus there is no need for a separate modal adjustment for this rider.

XVI. Historical Experience Under this Product

As this is a new product, there is no historical experience under this rider.

XVII. Projected Experience and Lifetime Loss Ratio

Exhibit I displays projected experience for an issue cohort of 2,280 policies over 30 years.

The anticipated lifetime loss ratio is 65.6% of rider premiums.

XVIII. Minimum Required Loss Ratio

The applicable minimum loss ratio standard is 65%.

XIX. History of Rate Adjustments

There have been no previous rate adjustments on this rider.

XX. Number of Policyholders

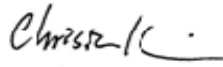
As this is a new product, there are no existing policyholders under this rider.

XXI. Proposed Effective Date

The proposed effective date for these new product rates is Dec 1, 2011, or as soon as reasonable for implementation following regulatory approval.

XXII. Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with state laws and regulations, is in compliance with Actuarial Standard of Practice Number 8: *Regulatory Filings for Health Plan Entities*, and that benefits provided are reasonable relative to the proposed premium schedule.



Christine Kim, ASA, MAAA
Assistant Actuary, Guarantee Trust Life Insurance company
847-904-5457
ckim@gtlic.com

Exhibit I

Policy Form RG07ROP(D)
(12 months of benefit periods)

											4.0%
mbrs			base		policy	total	total	avg pol	agg pol	loss	discount
<u>pol yr</u>	<u>inforce</u>	<u>persist</u>	<u>avg prem</u>	<u>agg prem</u>	<u>fee</u>	<u>pol fees</u>	<u>revenue</u>	<u>benefits</u>	<u>benefits</u>	<u>ratio</u>	<u>factors</u>
1	2,280	0.80	112.65	256,840	0.00	0	256,840	9.61	21,922	8.5%	0.9806
2	1,832	0.83	114.14	209,112	0.00	0	209,112	20.77	38,053	18.2%	0.9429
3	1,526	0.86	115.51	176,263	0.00	0	176,263	33.49	51,098	29.0%	0.9066
4	1,313	0.74	116.95	153,579	0.00	0	153,579	47.21	61,998	40.4%	0.8717
5	974	0.89	140.31	136,614	0.00	0	136,614	73.56	71,627	52.4%	0.8382
6	869	0.90	141.11	122,625	0.00	0	122,625	92.29	80,206	65.4%	0.8060
7	782	0.90	141.97	111,035	0.00	0	111,035	112.74	88,171	79.4%	0.7750
8	702	0.90	142.89	100,281	0.00	0	100,281	135.14	94,848	94.6%	0.7452
9	635	0.67	143.86	91,310	0.00	0	91,310	157.24	99,800	109.3%	0.7165
10	425	0.91	195.15	82,876	0.00	0	82,876	243.68	103,483	124.9%	0.6889
11	386	0.91	194.21	74,954	0.00	0	74,954	274.49	105,936	141.3%	0.6624
12	350	0.90	193.15	67,523	0.00	0	67,523	306.58	107,179	158.7%	0.6370
13	316	0.90	191.94	60,564	0.00	0	60,564	339.77	107,209	177.0%	0.6125
14	284	0.56	190.59	54,064	0.00	0	54,064	366.95	104,092	192.5%	0.5889
15	158	0.91	149.91	23,695	0.00	0	23,695	258.74	40,897	172.6%	0.5663
16	143	0.90	148.97	21,351	0.00	0	21,351	282.27	40,457	189.5%	0.5445
17	130	0.90	147.91	19,155	0.00	0	19,155	306.62	39,708	207.3%	0.5235
18	117	0.90	146.71	17,101	0.00	0	17,101	331.46	38,636	225.9%	0.5034
19	104	0.45	145.35	15,186	0.00	0	15,186	349.82	36,548	240.7%	0.4840
20	47	0.91	87.70	4,155	0.00	0	4,155	197.64	9,364	225.4%	0.4654
21	43	0.91	87.11	3,755	0.00	0	3,755	212.49	9,160	243.9%	0.4475
22	39	0.90	86.45	3,380	0.00	0	3,380	227.88	8,911	263.6%	0.4303
23	35	0.90	85.69	3,029	0.00	0	3,029	243.69	8,615	284.4%	0.4138
24	32	0.61	84.84	2,702	0.00	0	2,702	255.35	8,132	301.0%	0.3978
25	19	0.91	57.30	1,111	0.00	0	1,111	180.10	3,493	314.3%	0.3825
26	18	0.90	56.96	1,002	0.00	0	1,002	191.38	3,366	336.0%	0.3678
27	16	0.90	56.56	899	0.00	0	899	202.89	3,224	358.7%	0.3537
28	14	0.90	56.11	803	0.00	0	803	214.40	3,068	382.1%	0.3401
29	13	0.46	55.59	713	0.00	0	713	222.26	2,852	399.9%	0.3270
30	6		32.81	194	0.00	0	194	112.67	668	343.4%	0.3144
PV Total				1,461,035		-	1,461,035		957,752		
PV pc of prem + pol fees				100.0%		0.0%	100.0%			65.6%	

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

RETURN OF PREMIUM UPON DEATH BENEFIT RIDER

EFFECTIVE DATE:_____

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the policy's Effective Date.

RETURN OF PREMIUM BENEFIT

In the event You die before the first Policy anniversary which follows Your eightieth (80th) birthday, a Return of Premium Benefit may be payable to Your named beneficiary or estate. Benefit payment under this Rider is subject to the Policy being in force with this Rider at the time of Your death.

The actual amount of premium that will be returned, if any, will equal:

1. The sum of all premiums You paid for the Policy, including premiums paid for this Rider and any other benefit Rider(s) attached to the Policy (unless expressly excluded), while this Rider was in force (except for any application and annual policy fees). Premium also includes premiums paid for any Dependent(s) insured under the Policy. The sum of all premiums is without interest accumulation. MINUS
2. The sum of all benefits paid or then payable under the Policy, including benefits paid or payable under any attached benefit Riders, to You or on Your behalf while this Rider was in force.

If We receive a claim for benefits after proceeds have been paid under the terms of this Rider, the amount of claim benefits due, if any, will be reduced by the amount of the Return of Premium Upon Death Benefit that has already been paid.

CLAIM PROVISIONS

Proof of Death: Any benefits payable under the terms of this Rider will be paid when We receive completed proof of claim forms along with a certified copy of the insured's death certificate. Such proof should be sent to Our Home Office within ninety (90) days of the date of death, but no later than one (1) year from date of death. Claim forms will be made available to the beneficiary upon request.

Benefit Payment: Any benefit due will be paid in a lump sum within ninety (90) days of Our receipt of the due written proof of death. Benefits will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We'll pay benefits as follows: (a) to Your spouse, if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can't give a valid release, We can pay up to one-thousand dollars (\$1,000) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

RENEWAL CONDITIONS

This Rider is renewed when the policy to which it is attached is renewed.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown in the Policy schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We'll provide You with advance written notice in the time required by Your state.

RIDER TERMINATION

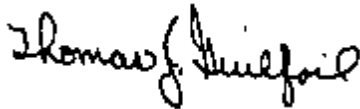
This Rider ends on the earlier of:

- a. When the Policy to which it is attached ends; or
- b. The first Policy anniversary which immediately follows Your eightieth (80th) birthday.

CONDITIONS

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company at Glenview, Illinois by



Secretary



President

Guarantee Trust Life Insurance Company
Statement of Variability
For
G1132 (Policy)
APPH3-11 (Application)

The bracketing of variable text in Policy form G1132 is limited to the following:

1. PAGE 1 of the Policy – Variability is limited to the Policy Owner Name, Policy Effective Date , Policy Number, and signature of current President and Secretary of Guarantee Trust Life Insurance Company

Policy Schedule

2. Policy Number: Automatically assigned at the time policy is issued by the Company.
3. Effective Date: Date policy becomes effective – either of: (a) the date the application is signed or the date the applicant(s) are determined to have completed the company's underwriting process; or (b) the effective date requested by the applicant.
4. Name of Insured: Applicants name.
5. Age at Issue: Applicant's attained age
6. State of Issue: The state the Policy is issued in.
7. Mode Selected: Premium payment schedule selected by the Applicant. Limited to: Monthly, Quarterly, Semi-Annually or Annually
8. Benefit Plan: Limited to Plans A, B or C.
9. Covered Dependents: This section will show if additional family members are covered, such as spouse and children. The names, age(s) at issue and the benefit plan chosen will also reflect in this section. This section will not be included in the Schedule if it is an individual policy.
10. Annual Premiums: The annual premium for each insured member for the Specified Critical Disease Coverage is shown. Also, the Return of Premium annual premium will be shown. The Return of Premium Period rider is available for the primary insured only.
11. Annual Policy Fee: \$25.00
12. Total Premiums: Varies by number and age of the insured and covered dependents, as well as choice of benefit plan(s).

Application APPH3-11

13. Section B – 1. Benefit Plans A through C will be offered, dependent on the Company's marketing plan, for applicant, spouse and dependents. Plans include the Heart Attack & Stroke Rider and the Cancer Rider. 2. Monthly Base Benefit Amount of \$500 to \$3,000 in \$250 increments with \$500 for all dependents. Benefits are paid in addition to the base under the Nursing Home and Assisted Living Benefit Rider. 3. Maximum Benefit Period choices are offered. 4. Premium Payment Mode: Effective Date, Draft Date. Mode variability limited to monthly bank draft, quarterly, semi-annual, and annual. 5. Return of Premium Rider is offered.

In the event additional plans (for example a higher monthly benefit amount) the rates and schedule pages for such plans will be filed for approval. However, we would not anticipate refiling the applications for this change. Instead our cover letter would indicate the application in use and that such application would be modified in the Coverage Selection Section only.

Variability is limited to changing these portions only in context that remains compliant with state insurance regulatory requirements. Any new benefit plans, benefit periods, or premium rates will be filed with the Department of Insurance before use. The Company reserves the right to discontinue marketing benefit riders not mandated under state law. The Company also reserves the right to add benefit plans and benefit riders, subject to such additional plans and/or riders receiving prior approval in the state, and add them to the Coverage Selection sections without refiling this application for approval.